IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 106527 PIN# ~~4703-23-4772.8~~ 4703 23 6748 DATE 6/20/02

OWNER OR CONTRACTOR Elvert + Dorthy Neal PHONE: Business _____ Home 704-873-6037

ADDRESS 124 Neal-Sherrill Ln Statesville NC 28677

LOCATION 70W, TL Morrow Farm, TR Neal-Sherrill Rd, on Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; STB 1012 Date 03/17/02
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 750 Linear Feet 250
No Lines 5 @ 50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

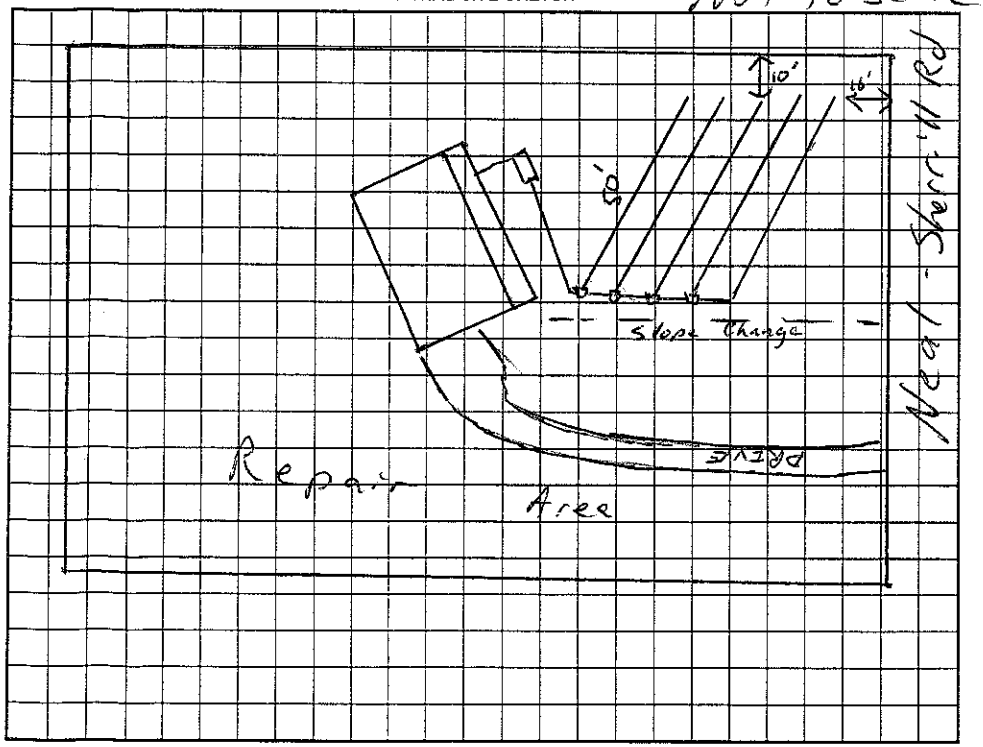
☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions:

Comments/Conditions: SEPTIC TANK INSTALLED USING TUFF-TIGHT FILTER + MARKER

INITIAL SITE SKETCH Not to scale



AS BUILT SKETCH

* SYSTEM INSTALLED AS SHOWN IN INITIAL SITE SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: * Elvert Neal date 7-1-02 Installed by: DALE WINGLER

Improvement Permit by: RS date 6/20/02 Operation Permit by: Patrick Mitchell date 12/17/02

Authorization to Construct by: RS date 6/20/02 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK